



Funding Source: _____
 Contract Number: _____

INDIVIDUAL REFERRAL (IR) TRAINING CONTRACT

This Contract is made and entered into this ____ day of _____, 20____,
 by and between _____
 (hereinafter called "PROVIDER), and El Dorado County Human Services Workforce
 Investment Act (hereinafter called "EDC Human Services W.I.A.").

I. PROVIDER INFORMATION

Provider: _____ Telephone: _____
 Address: _____ Fed. Tax ID #: _____
 Mailing Address: _____
 Authorized Representative: _____ Title: _____

II. CLIENT INFORMATION

Name: _____ Soc. Sec. No.: _____
 Training Occupation: _____
 Start Date: _____ Total Training Hours: _____
 Completion Date: _____

III. SUMMARY OF COSTS

TRAINING COSTS	TOTAL AMOUNT	WIA AMOUNT	GRANT		OTHER	
			AMOUNT	SOURCE	AMOUNT	SOURCE
TUITION						
REGISTRATION FEE						
BOOKS						
SUPPLIES						
TOOLS						
EQUIPMENT						
OTHER: _____						
TOTAL:						

IV. PAYMENT SCHEDULE

Payments will be made Monthly Quarterly Other _____. Claims for reimbursement are due no later than 30 days from the last day of the scheduled billing period.

V. REIMBURSEMENT

Provider shall submit claims on forms provided by EDC HUMAN SERVICES W.I.A. and will be reimbursed only for the costs identified under Section III, Summary of Costs. Provider shall submit attendance reports and monthly evaluations to support all claims (community and state colleges are exempt). Claims will not be honored without proof of current Private Post-Secondary approval or waiver.

VI. DISPUTES AND GRIEVANCES

In the event of a dispute between the parties, a joint meeting will be convened to attempt informal resolution. Should informal discussion fail to resolve disputed issues, either party may request formal resolution in accordance with applicable grievance procedures.

VII. FUNDING OBLIGATION

This contract may be terminated in whole or in part if EDC HUMAN SERVICES W.I.A. fails to receive sufficient Workforce Investment Act (WIA) funds to meet any or all of its obligations due to fund reduction, suspension, termination or other causes. EDC Human Services W.I.A. shall have the right to immediately and unilaterally reduce all or part of its obligations under this contract.

VIII. CONTRACT PROVISIONS

A. PROVIDER shall ensure that:

1. EDC Human Services W.I.A. will be informed of the amounts and disposition of financial aid awards to WIA students.
2. EDC Human Services W.I.A. will be provided with a copy of the Student Aid Report (SAR) received from the Department of Education
3. Contracts will be adjusted based on financial aid awarded after the start of the contract
4. Complete records and reports with regard to work performed, Pell Grant awards and other types of financial aid for the student will be kept and made available to EDC HUMAN SERVICES W.I.A. at their request.
5. PROVIDER shall allow access by the student, the subrecipient, the Department of Labor, the Comptroller General of the United States or any of their duly authorized representatives to any books, documents, papers and records (including computer records) of the provider or subcontractor which are directly pertinent to charges of the program, in order to conduct audits and examinations and to make excerpts, transcripts and photocopies; this right also includes timely and reasonable access to provider's and subcontractor's personnel for the purpose of interviews and discussion related to such documents.
6. Appropriate standards for health and safety are maintained.
7. Appropriate standards for a drug-free environment, codified at 29 CFR, part 98, are maintained.
8. A copy of the PROVIDER'S refund policy is submitted to EDC HUMAN SERVICES W.I.A. upon contract execution. Provisions outlined in the policy will be strictly adhered to during the course of the contract. Provider ensures that it will notify EDC Human Services W.I.A. of early client dropouts. Refunds must be processed by the PROVIDER no later than 90 days after the client's early withdrawal from the program and PROVIDER'S refund policy shall apply to EDC HUMAN SERVICES W.I.A., not student, for W.I.A. portion of expenses.

B. PROVIDER further assures that:

1. Its agents and employees and any members of its governing body will avoid any actual, potential or appearance of conflict of interest.
2. Neither the PROVIDER nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. It will adhere to current EDC Human Services W.I.A. Individual Referral Training Guidelines.
4. It will comply fully with the Workforce Investment Act, and all regulations promulgated under the Act, including nondiscrimination regulations, nepotism provisions, lobbying or political activities, religious activities and the government's right to seek judicial enforcement of the nondiscrimination assurances.
5. It is an Equal Opportunity Program. Auxiliary aids and services will be made available upon request to individuals with disabilities by either PROVIDER or EDC HUMAN SERVICES W.I.A..

The County officer or employee with responsibility for administering this contract is the Director of Human Services or successor.

I certify that I am fully aware of the provisions of this contract and that I agree with and understand the Summary of Costs.

Client Signature

PROVIDER:

EDC Human Services W.I.A. Case Manager
Signature

EDC HUMAN SERVICES W.I.A.

, Program Manager

Typed Name and Title

Typed Name and Title

Signature

Signature

Date

Date

, Director of Human Services

Typed Name and Title

Signature

Date

Placerville
3047 Briw Road
Placerville, CA 95667
(530) 642-4850
Fax: 626-9060

So. Lake Tahoe
981 Silver Dollar Ave., Ste 1
SLT, CA 96150
(530) 573-4330
Fax 543-6826



**HUMAN SERVICES
WORKFORCE INVESTMENT ACT**

*Employment and training services
for Alpine and El Dorado counties.*

Funding Source: _____
 Initial Contract Number: _____
 Revised Contract Number: _____
 Modification Number: _____

INDIVIDUAL REFERRAL CONTRACT MODIFICATION

Provider: _____

Client's Name: _____

The above-referenced contract is amended to reflect a change in:

- The dollar amount of the contract: From: \$ _____ To: \$ _____
- The length of the contract: Start Date: _____ End Date: _____
- Other: _____

Reason for Modification: _____

SUMMARY OF COSTS

TRAINING COSTS	TOTAL AMOUNT	WIA AMOUNT	GRANT		OTHER	
			AMOUNT	SOURCE	AMOUNT	SOURCE
TUITION						
REGISTRATION FEE						
BOOKS						
SUPPLIES						
TOOLS						
EQUIPMENT						
OTHER: _____						
TOTAL:						

I certify that I am aware of and agree with this Modification.

Client Signature

W.I.A. Program Manager Signature

Training Provider (School Name)

EDC HUMAN SERVICES W.I.A.
Typed Name of Agency

Typed Name and Title

, Director of Human Services
Typed Name and Title

Signature

Date

Signature

Date